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Bib Data Sheet

SERIAL NUMBER 09/644,667	FILING DATE 08/24/2000 RULE -	CLASS 711	GROUP ART UNIT 2185	ATTORNEY DOCKET NO. MSFT- 0160/142385.1
APPLICANTS Luis Felipe Cabrera, Bellevue, WA ; Deborah C. Jones, Bothell, WA ; Ravisankar Pudipeddi, Redmond, WA ; Stefan R. Steiner, Issaquah, WA ;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/10/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance <input checked="" type="checkbox"/> <u>SDS</u> Verified and <u>Signature</u> <u>Initials</u> Acknowledged <u>Signature</u> <u>Initials</u>		STATE OR COUNTRY WA	SHEETS DRAWING 9	TOTAL CLAIMS 45
			INDEPENDENT CLAIMS 3	
ADDRESS Thomas E Watson Woodcock Washburn Kurth MacKiewicz & Norris LLP 46th Floor One Liberty Place Philadelphia ,PA 19103				
TITLE Partial migration of an object to another storage location in a computer system				
FILING FEE RECEIVED 1140	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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BIBDATASHEET

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CONFIRMATION NO. 5398

SERIAL NUMBER 09/644,667	FILING DATE 08/24/2000 RULE	CLASS 707	GROUP ART UNIT 2177	ATTORNEY DOCKET NO. MSFT-0160/142385.1	
APPLICANTS Luis Felipe Cabrera, Bellevue, WA; Deborah C. Jones, Bothell, WA; Ravisankar Pudipeddi, Redmond, WA; Stefan R. Steiner, Issaquah, WA;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/10/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY WA	SHEETS DRAWING 9	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 3
ADDRESS Thomas E Watson Woodcock Washburn Kurth MacKiewicz & Norris LLP 46th Floor One Liberty Place Philadelphia , PA 19103					
TITLE Partial migration of an object to another storage location in a computer system					
FILING FEE RECEIVED 1140	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		